

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-17-05</u>		2 Serial/Patent # <u>10/522,124</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>6</td><td>--</td><td>0</td><td>6</td><td>0</td><td>5</td></tr></table>			1	6	--	0	6	0	5
1	6	--	0	6	0	5					
No Fee Due (Explanation):											
<u>Fee Code Correction</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BAC</u>		TITLE:									
SIGNATURE: <u>BAC</u>		<small>Repln. Ref: 06/20/2005 BCAMPBEL 0019060200 DAH:165 PHONE# 10522124 FC: 3204 \$100.00 CR</small>									
OFFICE: <u>PCT/DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**